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# COMBATING THE ENEMY WITHIN: BUILDING TRUST, LEADING CHANGE AND DEFEATING THE MENTAL HEALTH STIGMA[1]



by

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A Research Report Submitted to the Faculty

In Partial Fulfillment of the Graduation Requirements

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16 December 2013

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# Biography

Lt Col Christopher P. Karns is assigned to the Air War College, Air University, Maxwell Air Force Base, Alabama. He has served in various Public Affairs, leadership, and staff assignments at the squadron, wing, major command, combatant command, and Headquarters Air Force levels, including a remote tour and multiple deployments. As a chief of public affairs, he led consecutive base-level public affairs offices to recognition as the Secretary of the Air Force's Best Public Affairs Office at Tyndall AFB, Florida and Kunsan Air Base, Republic of Korea, respectively. He commanded one of only three Air Force active duty Combat Camera squadrons and was a charter member of Air Force Global Strike Command and the Chief of Staff of the Air Force's Strategic Studies Group. He earned his bachelor's degree in political science at the University of Hawaii, and was awarded a Master's Degree in Management from Troy State University.

## Abstract

In the mid-1990s, the Air Force experienced a spike in suicides. This occurrence resulted after a period of massive force reductions across the Department of Defense (DoD). The DoD has signaled that all Services will experience a significant manpower reduction once again. As such, Airmen, Sailors, Soldiers, and Marines will inherit and in some instances, internalize the associated stress that accompanies such action. These force reductions come against a backdrop of government-wide budgetary uncertainty, fiscal constraints, furlough activity, more than a decade of continuous war, the likelihood of expanded duties, the need to lower manpower to congressionally defined limits, and a U.S. economy in decline. One can argue the environment is harsher today than what was faced in the 1990s. Since 2001, suicide rates in the Air Force and across DoD have trended upward. Today, military suicide is a national crisis, with one veteran committing suicide every 80 minutes. Studies reflect concern by Airmen over a perceived stigma associated with seeking mental health treatment. Potential force reductions and career uncertainty can deter Airmen from seeking mental health services. Air Force behavioral health advocacy, communications and educational campaigns implemented by senior leadership have not gained the necessary trust and confidence of Airmen to lessen the stigma associated with mental health services. In order to establish trust and reduce stigma, Air Force practices require review, while at the same time, lessons should be garnered from other organizations and new approaches sought. Otherwise, Airmen will continue to resist treatment, resulting in lives lost. The Air Force requires a successful battle plan to defeat this enemy within. Failure is not an option.

# Introduction

Suicide in the military is a national crisis. One veteran commits suicide every 80 minutes.[2] In 2012, the Army experienced alarming numbers of suicides. The number of soldiers who committed suicide exceeded the 176 combat deaths in Afghanistan.[3] Studies indicate nearly one-third of service members returning from deployment are "affected by Post-Traumatic Stress Disorder (PTSD) or depression."[4] One national survey reported that "about 6% of employees experience symptoms of depression in any given year."[5] When considering stressors faced by the military, one can safely assume the percentage of service members suffering from depression is greater than the civil sector. Despite existing services, Airmen are reluctant to seek help.

Air Force behavioral health advocacy, communications and educational campaigns implemented by senior leadership have not gained the necessary trust and confidence of Airmen to lessen the stigma associated with mental health services. This lack of trust and the power of stigma deter people who may seek and need help. As the facts show, "the majority of Airmen who committed suicide did not seek medical care."[6] Alarmingly, in Congressional testimony, it was reported two-thirds of Airman suicide victims in 2010 did not receive mental health treatment.[7] Statistics indicate fear, stigma and a lack of institutional trust associated with seeking mental health treatment.

With Air Force senior leadership signaling force reductions and introducing career uncertainty, the challenge becomes more complex and urgent. While there is no single solution, progress can be made in reducing stigma and normalizing treatment. Air Force practices must be examined. Lessons can be learned from others, and new approaches explored. Otherwise, Airmen will continue to resist treatment, resulting in lives lost.

## Today's Environment

During the early-to-mid 1990s, the Air Force experienced a spike in suicides. This occurred after a period of massive DoD force reductions.[8] DoD will experience a significant manpower reduction once again. Airmen, Sailors, Soldiers, and Marines experience stress that accompanies such action. Force reductions add to stress caused by budgetary uncertainty, fiscal constraints, furlough activity, more than a decade of continuous war, likelihood of expanded duties, and an economy in decline. One can argue today's environment is harsher than the 1990s. Alarmingly, statistics on suicide reflect this reality. Over the last decade, suicide rates have consistently increased. From 2001-2011, 2,422 DoD service members have committed suicide.[9] In the Air Force, over this time period, the rate per 100,000 Airmen who committed suicide in 2001 was 9.7 while in 2012, the rate was 15.5. The 2012 total is slightly less than the peak in 2010 of 15.8 Airmen.[10] Seventy percent of Air Force suicides involve relationship problems of some kind.[11] In 2010 the Air Force reported to Congress, only about 20 percent of suicide victims deployed within one year prior to suicide.[12] Surprisingly, in 2011, 80.43% of the Airmen involved in suicide never deployed. Only 2.17% of Air Force suicides saw direct combat in 2011.[13] Sixty-seven percent of Air Force suicide victims are under 34[14] with the 21 to 25-year-old demographic usually being highest risk.[15] The Air Force's highest risk career fields for suicide are security forces and aircraft maintenance.[16] Unlike its sister services, most Air Force suicides do not appear to be combat-related.

### Leadership Messages

The same month the Chief of Staff of the Air Force made a well-intentioned pledge to take care of Airmen and families during times of uncertainty,[17] he projected a force reduction of 25,000 Airmen in the next 5 years.[18] This possibility is alarming considering the national

unemployment rate for Gulf War-era II veterans is 10%[19] against a national average of 7.3%.[20] Force reductions generate anxiety. Studies show "adjustment disorders and concerns over money and employment, as well as, troubles at home, are some of the biggest contributors to anxiety-related mental health disorders."[21] New research links the 2009 recession to a "3.3% increase in the global suicide rate" with higher rates in areas with previously low unemployment, such as the Air Force.[22] The Air Force needs to act responsibly to ensure help is available to Airmen facing force reduction boards and involuntary separation from the service. Force reductions can result in undiagnosed mental health issues and behavior disorders.[23]

Harvard medical experts claim that "anxiety disorders affect about 6% of the population at some point in life, but typically go undiagnosed for 5 to 10 years."[24] During these times of uncertainty, mental health services should be actively communicated, and encouraged. In a RAND Corporation study, perceived impact to career was listed as one of the top five barriers for neglecting to seek mental health care.[25] Overcoming the stigma and career impact perception is the ultimate leadership challenge.

It is important to determine where perception of stigma exists in the Air Force to treat and remove the belief. While the Air Force inherits views of society, the institution can do more to help Airmen understand where stigma and prejudice exists in order to effectively counter it.

**Stigma Defined**

There are several kinds of stigma impacting Airmen. Cornell University defines stigma "as a mark of shame, disgrace, or disapproval, which results in an individual being shunned or rejected by others." Author Gabriel Phyllis concludes "the stigma associated with all forms of mental illness [are] strong [in the workplace] but generally increases the more an individual's behavior differs from that of the norm."[26] Self-stigma is defined as "internalized feelings of

incompetence" and concern over how one will be labeled by others.[27] The individual gauges interaction with others based on perceived self-value or worth.

Mental health stigma research reflects that military males "scored significantly higher on self-stigma than females" with "white/Caucasians" scoring highest.[28] Evidence supports this assertion. Between 2003 and 2008, nearly 70% of Airmen suicides were white. The institution must recognize that where stigma exists, there will not only be reluctance to seek treatment, but also concern over peer perception.

For this analysis, peer stigma is defined as how one is viewed or judged by co-workers and friends, to include supervisors. Peer group opinions and attitudes are central to unit cohesion and achieving a sense of individual belonging and acceptance. Alarmingly, in an Air Force study, 75% of Airmen responded that it would somewhat to absolutely impact their willingness to seek care if co-workers would look down on them.[29] This finding emphasizes that peer education is critical to finding a solution in order to defeat stigma. The data point supports the importance of the peer group to most Airmen's sense of self value and worth. It also is consistent with the value Airmen place on relationships, the number one cause of Air Force suicides.

Finally, it is important to consider institutional stigma. Institutional stigma is likely to occur "when institutional policies or practices regarding mental health issues unreasonably limit an individual's opportunities" to include "policies that do not deliberately discriminate but still have negative consequences for those with mental disorders."[30]

Achieving a positive mental health outlook among individual Airmen, and at the peer and institutional-levels is required in order to overcome stigma and optimize mental health service usage. To achieve this goal, personal and social barriers must be addressed.

**Barriers to Help**

Studies reveal men are typically raised to repress or feel shame in perceived weakness and taught to be in control of one's emotions. Cultural barriers impact a willingness to be vulnerable and seek help. Approximately 95% of military suicides are committed by men.[31] Many of the barriers are fueled by the news media.

The media has created myths associated with mental illness, and in turn help fuel the bias. News media and film portray those suffering with mental illness as violent. Think of movies such as Psycho, Silence of the Lambs, and The Shining. The media often perpetuates the stigma and associates it with "a violent stereotype."[32]

After the Navy Yard shootings and prior to fact-checking, media erroneously reported that the shooter, a former Navy sailor, had been treated for a mental illness.[33] Later, after a records review, Veterans Affairs indicated he was never seen for a mental health illness.[34] Unfortunately, the damage was done and a stigma was carelessly reinforced by the media. After this incident, the Surgeon General remarked that there is an "extremely small" risk of violence associated with mental health illness.[35] While risk of violence for certain conditions exists, it is far from the norm. The military must be mindful of stigma sources and combat false realities. Another contributing source to stigma is the military itself.

The Air Force promotes a warrior identity. Air Force Global Strike Command leaders have gone as far as stating "perfection is the standard."[36] Remarks such as these create unintended stress and send a message that anything less than perfect is not normal or acceptable.[37] Additionally, stoicism and secrecy are part of the military culture. These attributes can be internalized by individuals suffering from a mental health issue, causing Airmen to bury or mask their feelings.[38] Overcoming inherited barriers and those presented by media and military are critical to defeating stigma.

## Bridging the Gap in Trust

A 2011 Air Force study revealed that more than 50% of 62,000-plus respondents believed that it was somewhat or absolutely certain that if an Airman sought mental health counseling or care it would result in co-worker or supervisor stigma. Sixty-one percent of Airman of the rank of Airman through Technical Sergeants believed this to be the case compared with 52% of Master Sergeants through Chief Master Sergeants. Similarly, officers held the same opinion with more than 59% of Lieutenants and Captains and 51% of Majors and above believing a stigma would be imposed if one sought mental health counseling or care.[39] The consistency across all ranks is a concern. With such a widespread belief and lack of trust in the very Airmen who comprise the institution, one could conclude a deficiency exists in the Service's leadership approach, communication, and education efforts.

**Leadership's Role**

The Chief of Staff of the Air Force (CSAF) is responsible for Airman resiliency and mental health issues. In 2010, the CSAF delegated responsibility of the Community Action Information Board (CAIB) to the Vice Chief of Staff of the Air Force (VCSAF).[40] Shortly thereafter, responsibility shifted to the Assistant Vice Chief of Staff of the Air Force.[41] The cross-organizational CAIB meets quarterly and oversees issues impacting readiness. Corresponding organizations exist at the major command and base-levels. Mental health services and stigma are part of an overarching resiliency and readiness outlook. CAIB responsibilities are additional duties and positioned-based.

The institution's personnel directorate is lead agent for resiliency, not medical professionals. The resiliency program is not inspected. It advocates a holistic self-help program, placing the onus on Airman to seek help.[42] The Air Force sought help for select communities.

Leadership integrated psychologists into special operations units. Although targeted studies have not validated the finding, psychologists report the effort appears to have enhanced trust and normalized mental health services in these units.[43] Despite progress, Air Force leadership has yet to embed psychologists in the two leading career specialties for suicides, security forces and maintenance units. Integration of psychologists in high-risk units may be critical to building the necessary trust to defeat the mental health stigma. Communication of such efforts will also aid efforts.

**Air Force Communication**

Instead of addressing stigma, Air Force communication programs are geared toward the need for Airmen to develop "inner strength and self-reliance," while communication focuses on engaging "the internal Air Force audience by focusing on resiliency."[44] There appears to be an overemphasis on the individual's personal role and responsibility, not an interactive approach to overcome stigma. The institution has failed to create any momentum or a narrative that normalizes mental health treatment challenges.[45] There is a glaring absence of a visible Air Force initiative champion with experience overcoming a mental health issue or a strong tie to the subject other than positional responsibility. Communication is mostly downward driven. While the Air Force has social media means,[46] dialogue on this subject is largely deficient. The Air Force's overall communication campaign on the subject is lacking. The institution made a conscious choice to remove the discussion of suicide from the Air Force Public Affairs strategy,[47] contradicting a promise made by the VCSAF to Congress in 2010 to ensure "suicide prevention programs and messages receive…breadth and depth of exposure."[48] Also, where mental health stigma is addressed, it is mentioned indirectly, and not as a primary focus.[49] Stories about mental health treatment benefits and stigma are largely absent.[50] This leads to questioning

whether it is taken seriously by leadership. Moreover, the Air Force has failed to fully take advantage of existing educational programs such as the Patriot Support Program's anti-stigma campaign.[51]

**Airman Education**

While periodically mentioned, overcoming stigma is not currently addressed directly nor is it a primary focus area in Air Force education efforts. Instead, the institution remains fixated on a holistic approach to wellness. It has done little to consistently promote or normalize mental health services other than occasional statements that getting help should be considered a sign of character strength instead of a weakness. Currently there is a mandatory computer-based training requirement on suicide prevention. However, stigma is not the focus. The Air Force approach is mostly a template and impersonal approach to combating mental health stigma. The Wingman Day solution is an altruistic Band-Aid. In most cases, there is little mental health discussion and stigma is addressed on the fringes, if at all. The RAND study revealed a lack of Air Force "education about benefits of accessing behavioral health care."[52] This remains an area requiring improvement. Similar to the news media, the Air Force inappropriately draws links between mental health and violence via their training and education programs. This contributes to stigma. For example, the Air Force has an effort called "Leadership Suicide Violence and Awareness Education and Training." The Air Force Instruction outlining training highlights how treatment is "unlikely" to have a negative career impact when self-referral occurs or prior to a behavioral issue.[53] Training for leaders primarily focuses on identification, assessment, referral and personnel management for "dangerous" persons. Oxford Dictionary defines dangerous as posing a threat or likely to "cause harm or injury."[54] The focus on "dangerous" reinforces the stigma that those suffering from mental health are violent. No training specifically focuses on reducing

stigma. Focus is on reading and recognizing signs, not recognizing stigma's debilitating effects.[55] The Air Force is focused on self-generated preventative resiliency measures, not addressing existing problems. Despite identifying relationship issues as the leading cause of Air Force suicides, there is a lack of training on stigma available to families, who rarely receive service-sponsored training.[56] In order to reduce stigma, trust between the families, Airmen, peers, and leadership is crucial. Without functioning communications and education programs, institutional trust will not happen.

**Deficit of Trust**

"The day soldiers stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help them or concluded that you do not care. Either case is a failure of leadership."[57]

General Colin Powell

When it comes to mental health issues, for many Airmen, the circle of trust is outside the Air Force. In the 2011 Community Assessment Survey, Airmen rated civilian religious leaders followed by military chaplains as the best counseling resource. The services provided by the civilian religious leader was rated as "very helpful" 66% of the time and "somewhat useful" 29% of the time. Ninety-five percent rated civilian chaplains as helpful. In general, religious leaders were the most trusted. The survey only listed eight sources with an option of a generic "another source." The Air Force neglected to include family as one of the options in its survey. Leadership was not mentioned as a trusted source. The two sources where confidentiality is maintained, civilian and military chaplains, ranked highest in trust and usefulness. Pursuing off-base services reflects a lack of trust in the institution and its policies. This reflects value placed on confidentiality.[58]

In 2010, senior Air Force officials testified that "even among those who seek counseling,

there is a marked bias against involving their chain of command in their treatment. Based on an anonymous review of more than 1,000 mental health records in 2006, approximately 89% did not inform their chain of command."[59] In a 2008 Health Related Behaviors Survey, 1 in 8 Airmen believed "a mental health appointment will definitely hurt their career."[60] These examples reflect a lack of trust in leadership and the institution.

A trust deficit exists between the Air Force and Airmen as it relates to mental health issues. Research reveals Airmen prefer to confide in families, romantic partners, and chaplains. Of concern, friends and family are viewed as more helpful than mental health professionals.[61] Of greater concern, "research indicates that families often report experiencing shame in response to a family members mental health issues;" therefore, families and spouses may benefit from education efforts.[62] As mentioned, relationship problems are the leading cause of suicide in the Air Force. For Airmen who don't trust the institution and perceive shame, barriers to treatment will likely exist.



**Organizational Policies**

Beliefs that mental health treatment in the military impacts one's career are deeply rooted. Deployed service members from multiple services perceived barriers to receiving treatment.[63] These included harm to career, fear of security clearance denial, and reduction of confidence in the individual by co-workers.[64] A Department of Defense Instruction (DODI) was written in an attempt to balance the needs of the individual service member with the military mission. DoD policy states that healthcare providers shall follow a presumption that they are not to notify a service member's commander when the service member obtains mental health care. It then goes on to explain how the presumption is overcome.[65]

The instances where mental health actions are reportable requirements may contribute to

perceived stigma and lack of trust. This policy is likely not well understood by Airmen. Another concern may rest with what will occur after the commander is provided with medical information. Once given to the commander, the information "is no longer HIPAA protected, but it is covered by the Privacy Act and can only be shared with those with a need to know."[66] However, the commander can determine who needs to know. Military limitations placed on confidentiality reinforces stigma, impacting trust. While there is much to be done to eliminate stigma, instances exist where organizations achieved success in reducing mental health stigma.

**Advocacy and Engagement Value**

The US Army achieved success when General Peter Chiarelli served as its Vice Chief of Staff. For Chiarelli, the responsibility to defeat stigma was not merely positional, but instead, personal. He led a 15-month study on the subject and wrote a book on the issue. He provided an honest assessment of the Army culture, identifying "the lost art of leadership" as central to the issue.[67] Where Chiarelli succeeded, was in the number of soldiers willingly seeking care. He made progress toward normalizing treatment. He took it on as a personal mission to educate soldiers on the challenges being faced (stigma) and "programs and services available to help them."[68] He generated regular public dialogue on the subject. In retirement, he continues to wage a war on stigma, working for One Mind for Research, an organization committed to ending stigma.[69] Winning this battle needs to be personal in order to be effective.

The United Kingdom's Time to Change campaign made their effort personal and consequently, the program achieved great success, reducing stigma in the United Kingdom by 11.5% since its inception in 2007.[70] Their leadership consists of a Lived Experience Advisory Panel. In order to serve on the advisory council, campaign leaders must have direct experience with a mental health challenge or have had to care for a family member inflicted with the

disease. The panel consists of 12 people who share the responsibility of shaping the campaign. Each member brings credibility and experience dealing with mental health challenges. Conversely, in the Air Force, it is position-based. The Time to Change program strength is its members' willingness to be vulnerable. It reflects trust, and makes them more credible.

Moreover, they have a Champions Network. Each member of the network has direct experience with a mental health challenge and is committed to changing attitudes and behaviors associated with mental health. The Time to Change organization provides individual training, networking opportunities, and ideas for events. The Team of Champions raises awareness by sharing their stories and experiences. Information is shared via monthly news.[71]

The group emphasizes its communication program, and has a clear understanding of their primary audiences. They recognize the value of starting conversations. For their anti-stigma messages, they use celebrities to gain interest and have real people with direct mental illness experience tell their own stories. The stories focus on individuals with personal experience overcoming challenges, and use Twitter to reach out to celebrities. The group effectively used social media for outreach to those suffering from mental health while educating others. The group created a virtual organization via Facebook and Twitter to enable anonymous help and discussion of issues with others facing similar challenges. The Facebook forum provides mutual support and a safe place to discuss issues they may be facing.[72] Social media is used to build connections and bring issues to the forefront. The communications effort is comprehensive and consistent.

Similar to their communications campaign, the group's education efforts are led by the panel or individuals with direct experience in dealing with mental illness personally. They are led by real people, not a professionally-accredited psychologist or leaders who inherited a role by

appointment. The leaders develop training to key groups and use projects to generate awareness. They grow the campaign with an emphasis on providing peer-to-peer support.

Alcoholics Anonymous (AA) is another group with success in reducing stigma and reaching peers. Prior to AA's existence, people believed alcoholism was a character weakness or flaw. AA was able to change how people thought about alcoholism via a similar focus on a program champion, communication, and education. Similar to the prior case example, AA's leadership experienced and overcame personal struggles with alcoholism. AA leadership aggressively targeted key influencers in medicine, religion, and world communication in order to change the stigma. Messages were reinforced by case histories of recovered members.[73] Through effective communication and education, today, many former alcoholics are the program's primary advocates. Due to their efforts and peer emphasis, alcoholism was reclassified as a disease thereby reducing the stigma and perception that those experiencing alcoholism are weak.[74] The disease is more widely understood and socially accepted today.

The commonalities these groups share include having a program champion with a personal tie who made communication, education, and defeating stigma a priority. Each group also leveraged key influencers, and after the "celebrity" focused attention on the issue, real people shared stories of hope and recovery. The Air Force could benefit from implementing similar models and adopting new approaches.

## Recommended Approaches

1. Modify existing policy to further restrict with whom commanders may discuss Airman mental health history.
2. Direct mental health counseling for Airmen facing a force reduction board. Mandate confidentiality.

3. Regularly engage Congress. Ensure funds are earmarked for stigma-reducing programs and expanded mental health services. Use evidence in this paper to substantiate need.
4. Lived experience matters. Benchmark the United Kingdom's Time for Change program and Alcoholics Anonymous model. The CAIB's focus is centered on too many issues. As a result, addressing mental health stigma is neglected. Create a new board. Recruit program champions and ensure each board leader has personally experienced or has had a family member inflicted with a mental health challenge. Market as a "No longer invisible. Taking Charge!" media event. Target wounded warriors to lead this initiative; however, a 2 or 3-star Air Force general needs to champion the cause on a full time basis.[75] Also, partner with General Chiarelli and One Mind for Research.
5. Validate mental health issues. For instance, the Purple Heart is awarded for physical combat injuries, but this medal is not typically awarded for PTSD. Institute change and award the medal for PTSD. This will generate dialogue and reduce stigma.
6. Develop and brand mental health strength conditioning and performance enhancement programs. Market as "Real Airmen, Real Discovery." Highlight breakthroughs and results.[76] Similar to sports psychology, market mental health in the context of achieving one's full potential. The relationship between mental health and Airmen should be more than crisis support. By developing and marketing new performance-breakthrough programs, mental health services will be viewed in a more positive context and bring Airmen into regular contact with psychologists.
7. Increase the number of psychologists in high-risk communities. Career specialties such as security forces, maintenance, intelligence, and the Predator communities should serve as focus groups.[77] Data should be collected to see how integration leads to normalization of

service, building trust, and reducing stigma.

8. From a communications perspective, target peers, families, and chaplains. As mentioned, peers are a primary impediment to seeking treatment, and families and chaplains are the most trusted source. Each group needs to be targeted in communications and education efforts. Poll Airmen and the above groups to gain their insight into how to overcome the mental health stigma. The chaplaincy could be valuable to advocacy and dispelling myths via sermons, religious education programs, and counseling services.
9. Launch "Airman Confidential." Create virtual online communities similar in concept to an AA forum. Social media stimulates dialogue, enables connections to be made, and helps those suffering understand they are not alone. Celebrities[78] can serve as catalysts to draw people to participate in online "chat" discussions to help encourage discussion and reduce stigma by speaking openly to Airmen and families. Sixty-nine percent of Airmen are between 18 to 29-years-old.[79] Eighty-nine percent of this age group uses social networking sites.[80] This demographic represents the largest segment on Twitter.[81] If the Air Force expands into Snapchat Stories, it will allow an Airman's entry to disappear after 24 hours, or after viewing in the case of Snapchat,[82] providing enhanced confidentiality. It could also allow an opportunity to follow stories of others.[83] This will create social contact and a safe zone, similar to confidentiality afforded by chaplains and groups such as AA.
10. Adopt the Time to Change Champion Network program. Establish a network and database of people available to share stories and provide support. Champions or life coaches need to be identified by age demographic to bolster peer support.
11. Create layers of communication. People need to feel connected and interactive dialogue

must improve. Expand social media presence to include Pinterest,[84] Instagram, Tumbler, and Snapchat. Educate people about the benefits of mental health treatment. Talk about stigma and demystify myths. Develop a USAF-specific Life Coach application that focuses on relationship issues, financial advice, and stigma-busting stories of hope. Benchmark the Time to Change website. Unmask success stories. For example, the National Alliance on Mental Health documentary *Voices of Illness* focused on those inflicted and their recovery. After it aired, the National Alliance on Mental Health received 10,000 calls a day. There are few public stories of Airman recovery.[85]

12. Aggressively leverage the Patriot Support Program and work via Hollywood and New York City Air Force Public Affairs liaison offices to gain celebrity support at events,[86] create public service announcements, and work with Hollywood writers and producers to develop storylines and military characters that portray mental illness accurately.
13. Partner with 'warrior societies' to include sister services, civilian police and fire organizations, ultimate fighting, the National Football League,[87] and the United Kingdom's "Don't Bottle It Up" military campaign against mental health stigma.[88] The Don't Bottle It Up campaign will enhance awareness, education, and avenues of support, especially for U.S. forces assigned to the United Kingdom and overseas. Similarly, have Air Force Special Operations Command (AFSOC) launch a "So Others May Live" campaign[89] focused on seeking treatment. AFSOC embodies a warrior culture. Highlight and normalize how AFSOC has embedded psychologists to enhance performance. If Airmen realized that psychologists are in their units, it would help erode stigma. Their willingness to share personal stories would also reduce negative perceptions. Follow this up with a War on Stigma social media campaign.[90] It is important for Airmen and their

families to see other institutions associated with strength seeking help.

14. Develop training specific to overcoming stigma, and ensure its integration at each level of professional military education and also within the DoD dependent school system. This will enhance Airman and family understanding, and reduce stigma for future generations.

## Conclusion

In summary, when 50% of Airmen believe a peer stigma is attached to mental health services, seeking help becomes less choice and more of a perceived risk of taking a career-impacting chance. Overcoming societal and military cultural barriers requires consistent, personal communications and education to remove feelings of isolation and build reservoirs of trust. In times of force reductions, gaining trust will be more difficult. Therefore, Air Force policy needs to further protect those seeking help. Ultimately success rests with leadership's ability to expand resources, communication, education programs, and ensure a culture of trust exists. Failure to do so introduces unnecessary risk. If the Air Force truly cares about Airmen, it is imperative to make organizational changes and shift priorities in order to effectively change the culture and remove the stigma associated with mental health care. In order to identify issues before problems persist, psychological health programs need to evolve beyond the break glass in the event of crisis model. The environment ahead is a tumultuous one. The time to end the mental health stigma is now. The institution has a moral responsibility to get this right. Lives depend on it.

# Endnotes

[1] A special thank you to my academic advisor, retired Colonel Gene Kamena, for his expert counsel, academic and leadership expertise, and support. Also, thank you to my wife, Kirsten, who patiently listened to my ideas and continues to make me realize how fortunate I am to have her as my spouse and best friend. Also, I would like to thank Brigadier General Sean Murphy who sponsored this study and Lieutenant Colonel Wendy Travis for the insight she provided on this serious subject.

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[8] Senate, *The Incidence of Suicides of United States Servicemembers and Initiatives Within the Department of Defense to Prevent Military Suicides*, 1st sess., 2009, 24.The suicide rate from 1987 to 1996 was 13.5 suicides. Suicides increased so significantly in the 1990s, that the Air Force implemented their suicide prevention programs.

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[46] The Air Force primarily uses Twitter, Facebook, and YouTube.

[47] During the September 2013 Suicide Prevention Month, only three Air Force articles could be found on institution Major Command and above web sites addressing suicide or mental health.

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[51] Former NFL running back and Heisman trophy winner Hershel Walker has traveled to many DoD installations in an effort to defeat the stigma of mental health. In October 2013, he visited Lackland Air Force Base, Texas. The Air Force's internal public affairs campaign was primarily local. This was a missed opportunity, especially in an area which is home to the Wounded Warrior Intrepid Center. With proper emphasis, this opportunity could have been an anti-stigma national news event.

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[67] General Chiarelli cited frontline leadership's inability "to help manage and work and understand the challenges of the individual soldier"[67] as part of the problem.

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[75] If the Air Force established a full-time team dedicated to overcoming stigma progress would occur. With sexual assault, the Air Force made it a priority and gained traction. They replaced a lieutenant colonel project lead at the Pentagon with a major general and grew the dedicated staff from four to 32 people. The dialogue was continuous, not an occasional event. Education had the full support and weight of the Chief of Staff of the Air Force, not just a quarterly check. Replicate this resource dedication. This team requires at least a 2-star general, a chaplain, a mental health professional, and a field grade public affairs officer. The team should be a direct report to the Chief of Staff of the Air Force to emphasize importance and proper visibility.

[76] While confidentiality is always a consideration, mental health programs designed to enhance performance will lead to greater willingness to discuss success stories.

[77] Security forces, maintenance and the intelligence communities regularly rank highest in suicides experienced. With the stressors faced by the unmanned aerial vehicle communities, taking preventative measures would be prudent. This community is expected to separate the reality of being responsible for death and destruction and transition immediately into a home environment.

[78] Leverage celebrities who are willing to discuss/show up at events such as actors: Catherine Zeta Jones, Glenn Close, Jim Carrey, Jean Claude-Van Damme, Ashley Judd; singer/song writer: Sheryl Crow; football legends: Hershel Walker, Terry Bradshaw, Earl Campbell, and Ricky Williams, and Olympic swimmer Michael Phelps. Each has publicly discussed their challenges associated with mental health issues as related to themselves or a family member. In the case of Glenn Close, it is a family member. Marriane English and Travis Chaffin, "15 Celebrities with Mental Health Disorders." *Discovery: Fit & Health*. http://www.health.howstuffworks.com/mental-health/mental disorders/15-celebrities-with-mental-health-disorders.htm (accessed on 29 September 2013).

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